Campaign Finance Report

PAGE 1 OF COVER PAGE

	NOTE: This report must I	oe clear an	d legible. It r	nay be t	yped or print	ted in blue	or black ink.)			
Filer Identification Number:	>		Report Filed by:	•	CANDIDATI	32 1.	COMMITTEE	X	LOBBYIST	3.
CUMMI	117-22	17)	1	26	15	1	0 7	1	166	01
Street Address: 5214	7 200	01/	NA		0	171			166	/-/
City:	1 13010	y	DIE		State: .	I-	E- 0-1 1			
ERIE					State:	4	tip Code:	509	į	
TYPE OF REPORT	6TH TUESDAY 1. PRE-PRIMARY		FRIDAY 2 PRIMARY		-DAY OST PRIMARY	3.	AMENDMENT REPORT?	and the second	NO	V
(place X to	6TH TUESDAY 4. PRE-ELECTION		FRIDAY 5.	30	-DAY OST ELECTION	6.	TERMINATIO REPORT?	N YES	NO	C
the right of report type)	ANNUAL 7.	7	EAR 20) - FIL	ING METHOD		PAPER		DISKETT	1
Name of Office Sought by Candidate	The second second second second second	ZIP.	20		→) CHECK O DATE OF E		District	Office	Party	County
					O. DAY	YEAR	Number	Code	Code	Code
				1	107	2017	1 }	(SEE INST	RUCTIONS FO	
Summary of Receipts		D. DAY	YEAR		MO. DAY	YEAR	THE REST OF STREET, SPINSTER, SAN		E USE ON	
and Expenditures from:	▶ 7	128	2017	To 1	2 31	2017	5	.:	20	
A. Amount Brought Forward From La	et Panad				20	261	1	\bigcirc	2018	
B. Total Monetary Contributions and I				\$ \$	38	5.96		13		
C. Total Funds Available (Sum of Line				\$ \$	76	25%	1	F-)		
D. Total Expenditures (From Schedul				\$	19	3.47		55	e P	VA
E. Ending Cash Balance (Subtract Lir	ne D from Line C)			<u> </u>	9	2.49	1	22	PM IZ:	4
F. Value of In-Kind Contributions Rec	eived (From Schedule II)			3		0.00	7		ယ	
G. Unpaid Debts and Obligations (Fro	m Schedule IV)			\$	43	8.65	Ť		w	
	3.75% (A)	ΔE	FADAVIT SE	CTION						
PART I – If this is a Committee	eport, treasurer sign here		SERVICE AND SERVIC		andidate sig	n here.				
I swear (or affirm) that this report, inclu	ding the attached schedules, or	n paper or cor	nputer diskette,	are to the	best of my kno	wledge and b	elief true, correc	Tand com	plete.	
Sworn to and subscribed before me this	_	COMM	IUNWEALTH UI		LVANIA /	2,	1	_)		
17 day of Janua	Ey 20/	8	NOTARIAL BARBARA P		K	sitte	my	age		
Barbarara	K_	MILL	Notary P	ublic	INTV 3	Signatur	e of Person Sub	mittingrRe	port	
Signat	reso see de	My Com	mission Expir	es M	6, 2021	JUT D	Printed Nam	21,98	200	
My commission expires	26 202 DAY YR.			丁	810	7	392	4:	3 & 5	
					Area (Code	Daytim	e Telepho	ne Number	
PART II - If this is a report of a										
I swear (or affirm) that to the best of my (P.L. 1333, No. 320) as amended.	knowledge and belief this polit	ical committe	e has not violate	ed any pro	visions of the A	ct of June 3,	1937	/		
Sworn to and subscribed before me this	1	P		7	/ 1	11.1	1	4,		
day of Janu	ay 201			and the same	6/	M	Signature of Can	ndidate	u_	
Amber Ly Signat	I WWw.ndi	<u>~</u>		}	7-	RT	23	6-E7	21	
U in	31 -2016	î			SIL	1	Printed Nam	e	CL	_
My commission expires MO.	DAY YR.	1		J	Area C	Code	323	- 24	O D	

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Kimberly S. Alexander, Notary Public

City of Erie, Erie County

My Commission Expires Oct. 31, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Conninue to Elect And Oliber	Reporting Period From 11-28-2017 to 12-31-2617
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIB	JTOR
TOTAL for the Reporting Period (1)	\$ 6
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	s 0
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	s <u>O</u>
TOTAL for the Reporting Period (3)	s <u>C</u>
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC.	(FROM PART E)
TOTAL for the Reporting Period (4)	s <i>O</i>
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	s O

Statement of Expenditures

		CONTRACTOR NAME OF	A STATE OF THE PARTY OF THE PAR	THE PERSON NAMED IN COLUMN 2 I	THE STREET STREET, WHEN THE PROPERTY OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE PROPERTY OF THE PARTY OF	AdCas
Filer Identification Number:	Conni Mez	10	ALST	ART	OLIGERI	

To Whom Paid ERIE	MALINNE	ncHOY CUB	Date [MM/DD/YYYY] \$	244.74
House # 1607 Street Address	STATE ST	r	Description of Expenditure	
CITY ERIE	State PA	Zip Gode /650/	EVENT FUR PA	raob Comp
To Whom Paid TOYS	R US		Date [MM/DD/YYYY] \$	48.73
House # 1920 Street Address	L-DIN BUR	eo RD	Description of Expenditure	
CHY ERIE	State PA	Zip Code 16509	GIFTS - CHILD.	PARAPIS
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		
To Whom Paid		•	Date [MM/DD/YYYY] \$	
House # Street Address		-	Description of Expenditure	1
City	State	Zip Code	*	
To Whom Paid	[ADDITION		Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State .	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
Gity	State	Zip Code		